

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: SEAT ASSEMBLE FOR VEHICLE

Attorney Docket Number:: 000409-092

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Genta

Middle Name::

Family Name:: MORIYAMA

Name Suffix::

City of Residence:: Anjo-shi

State or Province of Residence:: Aichi-ken

Country of Residence:: Japan

Street of Mailing Address:: 5-9-2, Sumiyoshi-cho

City of Mailing Address:: Anjo-shi

State or Province of Mailing Address:: Aichi-ken

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Naoaki

Middle Name::

Family Name:: HOSHIHARA

Name Suffix::

City of Residence:: Obu-shi

State or Province of Residence:: Aichi-ken

Country of Residence:: Japan

Street of Mailing Address:: 340, Morioka-cho 4-chome

City of Mailing Address:: Obu-shi

State or Province of Mailing Address:: Aichi-ken

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address::

### **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

## **Representative Information**

Representative Customer Number:: 21839

## **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

## **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
Japan	2003-047815	02/25/03	Yes

## **Assignee Information**

Assignee Name:: AISIN SEIKI KABUSHIKI KAISHA

Street of Mailing Address:: 1, Asahi-machi 2-chome

City of Mailing Address:: Kariya-shi

State or Province of Mailing Address:: Aichi-ken

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address::